

DEC 14 2004

## FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>	Docket No.	6001-002-52	
	Serial No.	09/853,841	
	Filing Date	May 11, 2001	
	Inventor(s)	Raymond F. RATCLIFF, III, et al.	
	Group Art Unit	2121	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$955.00</b>	Examiner	Joseph P. Hirl

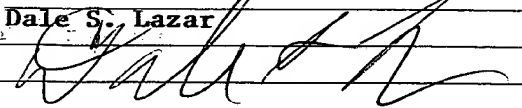
1. ☒ Applicant claims small entity status.
☐ Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** in the indicated fees to Deposit Account No. 50-1442.

☐ Charge the indicated fees to Deposit Account No. 50-1442.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

FEE CALCULATION					FEE CALCULATION (continued)					
					Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid
					1051	130	2051	65	Surcharge-late filing fee or oath	
<b>1. BASIC FILING FEE</b>					1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
					1053	130	1053	130	Non-English Specification	
1001	770	2001	385	Utility filing fee	1251	110	2251	55	1-mo. ext. of time	
1002	340	2002	170	Design filing fee	1252	420	2252	210	2-mo. ext. of time	
1003	520	2003	260	Plant filing fee	1253	950	2253	475	3-mo. ext. of time	\$510
1004	7700	2004	385	Reissue filing fee	1254	1480	2254	740	4-mo. ext. of time	
1005	160	2005	80	Provisional filing fee	1255	2010	2255	1005	5-mo. ext. of time	
<b>SUBTOTAL (1)</b>					1401	330	2401	165	Notice of Appeal	
					1402	330	2402	165	Appeal Brief	
<b>2. EXTRA CLAIM FEES</b>					1403	290	2403	145	Request for Oral Hearing	
tot. claims	26	-	24	= 2 x \$25 = \$50.00	1501	1330	2501	665	Utility/Reissue Issue Fee	
ind. claims		-	3*	= 0 x \$43 = 0	1502	480	2502	240	Design Issue Fee	
<input type="checkbox"/> Multiple Dependent Claims \$145 =					1504	300	1504	300	Publication Fee	
					8001	3	8001	3	Advance Copy of Patent	
					1460	130	1460	130	Petitions to the Commissioner	
1202	18	2202	9	Claims in excess of 20	1806	180	1806	180	IDS Submission	
1201	86	2201	43	Independent claims in excess of 3	8021	40	8021	40	Assignment recordation	
1203	290	2203	145	Multiple dependent claim, if not paid	1801	770	2801	385	For Filing RCE	\$395
1204	84	2204	43	*Reissue independent claims over original patent	1814	110	2814	55	Terminal Disclaimer*	
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent	OTHER (indicate below):					
<b>SUBTOTAL (2)</b>										
* or number previously paid, if greater; For Reissues, see above					<b>SUBTOTAL (3)</b>					<b>\$905.00</b>

Name	Dale S. Lazar	Registration No.	28,872
Signature		Date	
Name		Registration No.	
		Telephone	703.773.4149